

CHURCH TEACHERS' COLLEGE EVENING INSTITUTE
APPLICATION FORM

Mr
Mrs.
Miss

FIRST NAME

MIDDLE NAME

SURNAME

DATE OF BIRTH

POSTAL ADDRESS

TEL. NO.

NAME OF PARENT/GUARDIAN _____

LAST SCHOOL ATTENDED _____

NAME OF PRINCIPAL _____

DATE OF LAST ATTENDANCE _____

REGISTRATION NUMBER _____

EXTERNAL EXAMINATIONS SAT		SUBJECT(S) PASSED (with grades)	
G.C.E. (O'Level)	C.X.C. (Gen.)	G.C.E. (O'Level)	C.X.C. (Gen.)

Tick courses you wish to take (✓)

G.C.E. (O'Level)

Mathematics
English Language

History

H/S Biology

C.X.C. (General)

Mathematics
English Language
*Information Technology
Social Studies
Office Administration
Accounts
Literature
Principles of Business

* Will be offered at the Technical Proficiency.